



IT'S TIME TO MAKE A CHANGE

PCL undertakes patient care in the community to lift the burden on the NHS. Through innovation and collaboration, we deliver care that best supports the patient, the community and the system. Put simply, the right care at the right time, in the right place.



2024/25
ANNUAL REPORT

INTRODUCTION

Danah Cadman - CEO

Vaughan McLeod - Interim Chair

LLR Patient Care Locally CIC (PCL) has finished 2024/25 even stronger than it started the year. Like every organisation, either public or private sector the year has had its ups and downs but our agility as enabled us to respond quickly to System needs such as the measles outbreak and our mature infrastructure has enabled us to support neighbouring ICBs so Systems benefit from the economy of scale PCL can now provide.

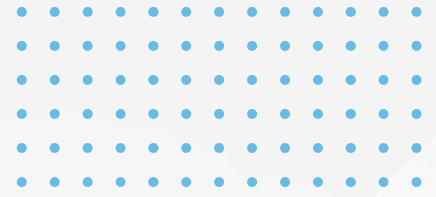
This year's review focuses on some of our achievements and how we have been able to embrace technology to drive better patient experience and positive efficiencies.

We are thrilled that our Chair Paula Clark has been appoint to the role of Chair of the ICB. Paula joined PCL in July 2021, her experience, diplomacy and political astuteness has helped PCL navigate through a number of situations, including becoming a Community Interest Company.

From day one it was evident that Paula shared our company values of delivering care closer to home, putting the patient at the centre and providing high quality clinical services that delivered value for money. PCL's loss is the ICB's gain, and we wish her every success in her new role.



INTRODUCTION



Vaughan McLeod, a Non-Executive Director has agreed to take over the role, on a temporary basis as we recruit a new Chair. Vaughan has been a Non-Executive Director in PCL since 2019. He has helped us shape our business planning, so that we grow into a more sustainable organisation.

This year has seen the release of The Darzi Report and NHSE's Reforming Elective Care for Patients, two important documents that should guide the transformation of the NHS. These, with the government commitment of moving care closer to home, are very encouraging for PCL. This is what the company was set up to do. Over the last few years, there has been a plateau in this activity, and we hope that these documents will give the System the impetus to reinvigorate this work. PCL is certainly ready.



INTRODUCTION

PCL set out an ambitious agenda for 2024/25. Somethings we have absolutely been able to deliver on. We are now delivering services in Northamptonshire and Nottinghamshire. We are funding a proof-of-concept for the implementation of Rapid Health – an autonomous patient triage and navigation platform, we are partnering with diagnostic companies to look at how to deliver diagnostics in the home. We have not succeeded in all areas but there is a lot of work in progress.

Patient care is always at the centre of what we do. Our patient satisfaction remains high at over 97%. We receive wonderful feedback about our services and providers, which contributes to our complaint rate of 0.04%. We need to take a moment to congratulate our team and providers. In a time of high expectation from the public and general dissatisfaction with health services, this is a tremendous result.

While there were many successes in 2024/25, including delivering the LLR ICB a £4.7 million saving. PCL is under no illusion how challenging the coming financial year is going to be, but we are ready and looking forward to supporting our ICB and other local ICBs to deliver the health needs of their populations.

We hope you enjoy our 2024/25 Annual Review



Danah Cadman

Chief Executive Officer
Patient Care Locally



Vaughan McLeod

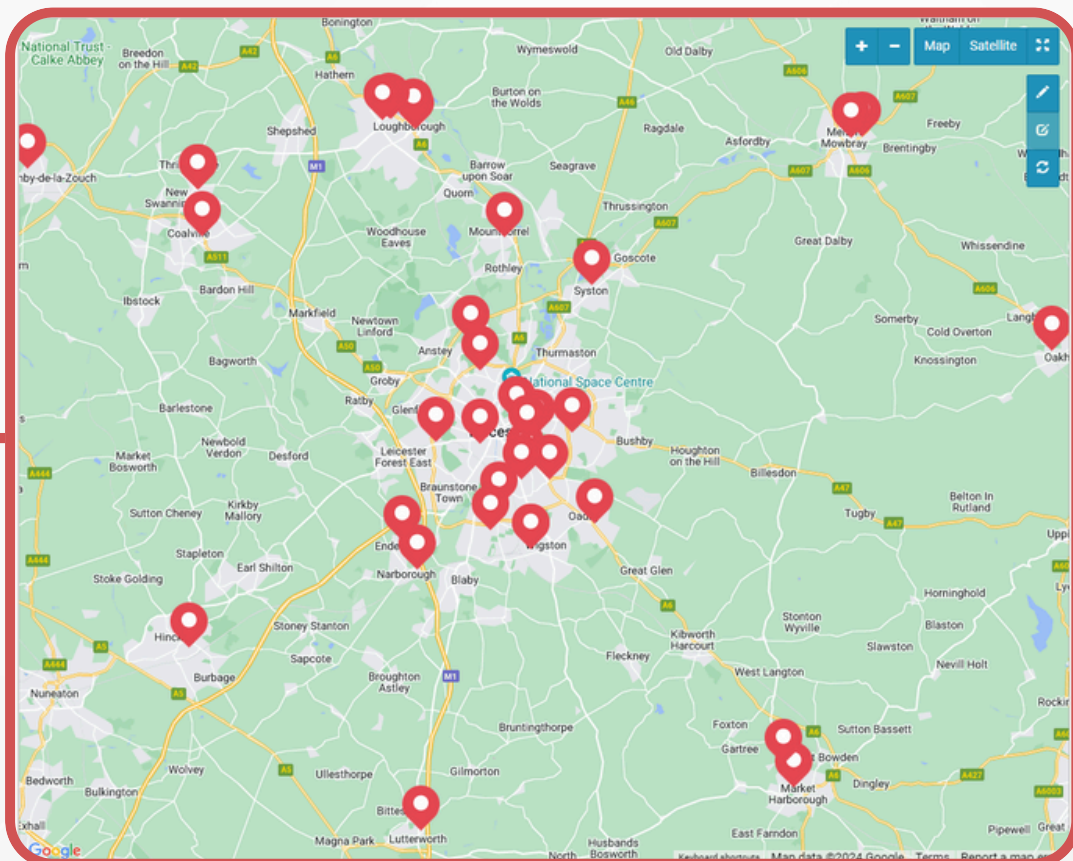
Interim Chair
Patient Care Locally

WHO WE ARE & WHAT WE DO

We are a community interest company (not for profit) who work in tandem with the NHS. We identify what patient care needs can be looked after in local, primary care environments. We were founded in 2011 by a group of General Practitioners who wanted to provide care closer to the community.

Although we are a non NHS company, we only provide NHS funded services and do not offer any private funded services.

PCL provides numerous services across Leicester, Leicestershire and Rutland.



PCL 4 PILLARS OF SERVICE DELIVERY

Our Services fit into the company ethos of the four pillars of service delivery



GENERAL PRACTICE +

Facilitation of non GMS contract services

eg:

- Anti Coagulation
- Acute Respiratory Infection Hubs
- Community Diagnostic Spokes

Offered to all General Practice/PCN/Feds (subsidiarity) - but delivery of service is optional.



PRIMARY CARE+

Facilitation of specialised GP, Consultant and imaging diagnostic services in primary/community care settings, eg:

- Dermatology
- Ear Nose & Throat
- Musculoskeletal

Offered to all General Practice, Primary Care Networks, Feds (subsidiarity). Only those with the specialist skills/qualifications will be considered.



SYSTEM FACILITATION

Providing services on behalf of the System, delivering at system level, eg:

- Patient Contact Hub
- Roving Healthcare Units



DIRECT COMMISSIONED SERVICES

General Practice/PCNs/Feds contract PCL to deliver services, eg:

- Providing Enhanced Access (in an alliance with Derbyshire Healthcare United) on behalf of General Practice.
- **Providing** Back Office functions on behalf of General Practice such as:
 - Payroll
 - Human Resources Administration
 - Business Intelligence

LORD DARZI REPORT

In September 2024, Lord Ara Darzi published his Independent Investigation into the State of the NHS in England, commissioned by the UK government to assess the health service's performance and inform a forthcoming 10-year reform plan. The report concludes that the NHS is in a "critical condition," attributing this to systemic underinvestment, policy missteps, and rising demand due to worsening public health.

As hard hitting as Lord Darzi's 2024 report on the state of the NHS was, this isn't the first time the health sector has heard these messages. High Quality Care For All, 2008, Lord Darzi's 2018; Review of Healthcare, Five Year Forward View 2015 and Moving Health Closer to Home 2015 all advocated for hospital to community and illness to prevention.



Prime Minister Keir Starmer acknowledged the report's findings and announced plans for significant NHS reforms. The government's 10-year plan aims to digitize the NHS, shift care from hospitals to communities, and focus on preventive measures. Emphasis is placed on better use of technology, community care, and reducing reliance on hospitals.

LORD DARZI REPORT

One of main objectives has always been to support and facilitate the transfer of secondary care activity into the community (known as “left shift”) and then to prevent those services moving back into secondary care (known as “right drift”).

LLR PCL is uniquely positioned to support the NHS with the delivery of the new government’s public health mandate:

- **Disease** → **Prevention**
- **Hospital** → **Community**
- **Analogue** → **Digital**


Lord Darzi Report : Themes

- CIC Contribution
- Community and preventative care → Local, responsive, holistic services
- Health equity → Deep reach into marginalised communities
- Innovation → Agile, grassroots-led pilots and tech adoption
- Patient Empowerment → Co-production and peer-led delivery
- ICS integraton → Flexible, neighbourhood-level service provision

The next sections of the Annual Review show how PCL is supporting the governments three policy pillars which aim to bring the NHS back into balance.

PCL IN NUMBERS

£4.7m
System
Savings


79
Service
Providers


269,175
Total Patient
Contacts


120
Staff


123
Contracts


58,738
Triages



£87,000
CMDU
Savings



32,532
Vaccinations
given



115
Locations
Visited



113,176
Calls
Managed


98.4%
Calls
Answered


97.2%
Would recommend
diagnostic services


97.5%
Would recommend
non- diagnostic
services


92%
Diagnostic Patients seen
within 6 weeks of
referral


98.2%
RTT of patients with
incomplete pathways
achieved


99%
Positive end of
appointment
experience

PCL IN NUMBERS

2024/25 has been a transformative year for PCL. Building upon our foundational work in Planned Care, we've expanded our reach and impact across Leicester, Leicestershire, and Rutland (LLR), and beyond. Our commitment to delivering the right care at the right time, in the right place remains unwavering.

This year, we've:

- ✓ **Enhanced Service Delivery:** Introduced new pathways and expanded existing services to meet the evolving needs of our community.
- ✓ **System Savings:** To support and ease the financial pressure in the NHS, PCL has generated over £4.7 million savings for the system, coupled with reduced wait times.
- ✓ **Strengthened Collaborations:** Worked closely with Primary Care Networks, Integrated Care Boards, and other stakeholders to ensure cohesive and efficient care delivery.
- ✓ **Embraced Digital innovations:** Leveraged technology to streamline processes, improve patient experiences and drive efficiencies.
- ✓ **Maintained Financial Prudence:** Achieved significant cost savings for the NHS while reinvesting in services that benefit our patients and communities.
- ✓ **Collaborated with the system to tackle health inequalities, improve access to care as well as the Core20Plus5 agenda:** Eg. Delivering 606 MECC activity (a public health initiative). This makes PCL stand out amongst its peers.

PCL IN NUMBERS

PATIENT CONTACT BY PILLARS 2024/25



GENERAL PRACTICE +

60,075



SYSTEM FACILITATION

94,143



PRIMARY CARE+

104,351



DIRECT COMMISSIONED

10,615

ALL PATIENT CONTACTS : 269,175

CONTRACTS BY PILLARS 2024/25



GENERAL PRACTICE +

95



SYSTEM FACILITATION

5



PRIMARY CARE+

21



DIRECT COMMISSIONED

2

ALL CONTRACTS : 123

PCL IN NUMBERS

SUPPORTING THE DELIVER OF ACTIVITY THROUGH GENERAL PRACTICES

3,000 Trust patients were identified as having waited over 80 weeks for spirometry. This was a clinical risk to the system.

A work group was identified between system partners - ICB, UHL and PCL - to rectify the position. Work began within 24/25 financial year to move over 50% of the patients from this waiting list back into the community, with care to be delivered locally. The increased community capacity ensured that these patients have received the required diagnostic test to enable a plan of care to be initiated.

SYSTEM SAVINGS

£4.7million system savings achieved.

PCL has also achieved approx 75% reduction in cost to deliver CMDU within the community, rather than acute settings.

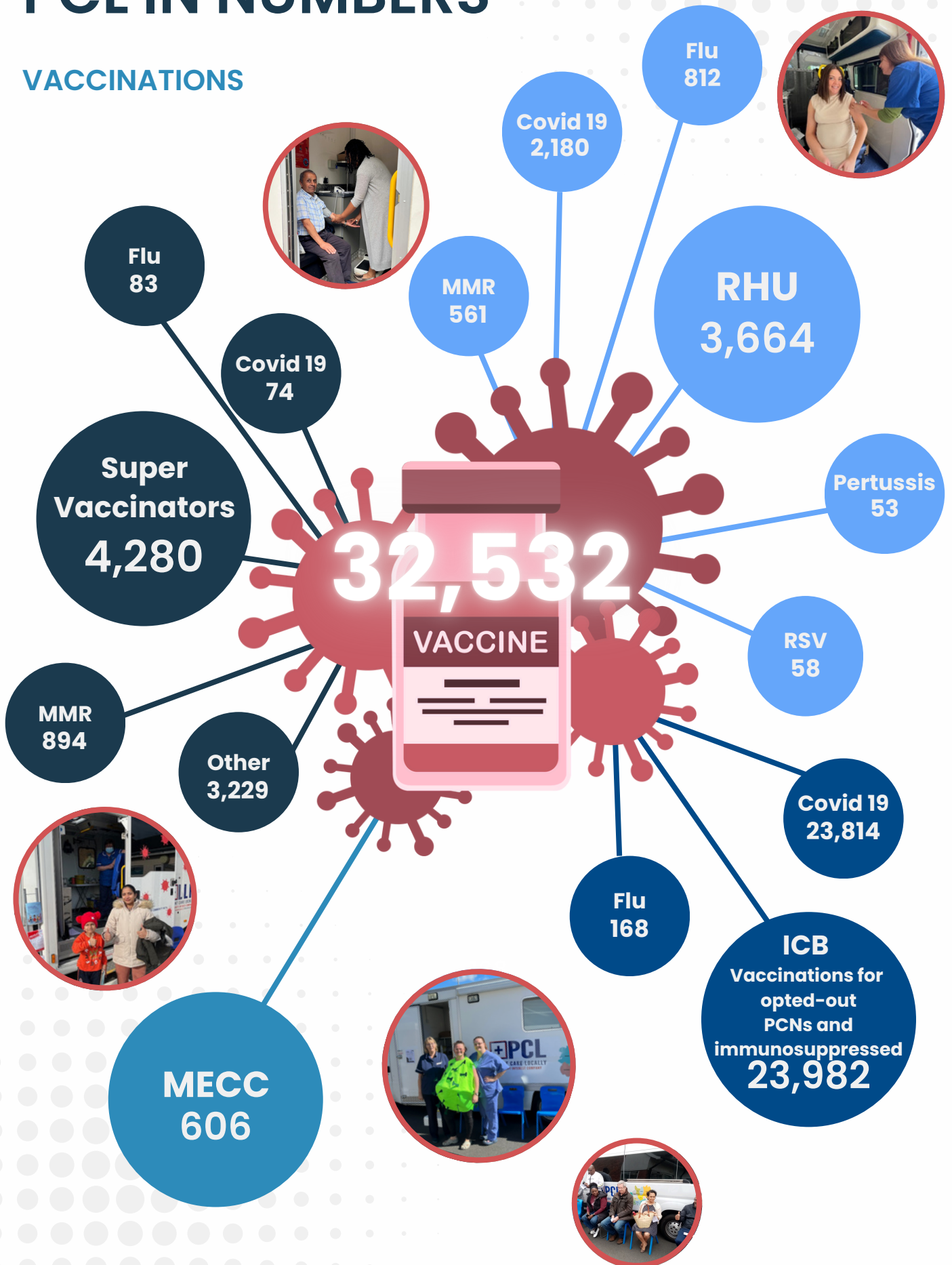
Efficiencies were generated by working together across the LLR and Northampton ICBs with the jointly commissioned service.

Through this, a further 35% of direct cost savings have been generated and given back to the ICBs during 24/25, to reinvest in further care within the community



PCL IN NUMBERS

VACCINATIONS



PCL IN NUMBERS



RSS CALLS



77% increase in calls, Year on Year compared to FY23/24



113,176 Total Calls



359 Average Calls Per Day



65,767 Inbound Calls



44,335 Outbound Calls



3,074 Internal Calls



1.56% Calls missed



COMMUNITY INTEREST COMPANY

Did you know LLR PCL is a Community Interest Company? But what does that mean to our shareholders and the LLR System?

WHAT IS A COMMUNITY INTEREST COMPANY?

A Community Interest Company (CIC) is a limited company which operates to provide a benefit to the community they serve. The purpose of a CIC is primarily one of community benefit rather than private profit. So while PCL has shareholding practices, the shareholders voted not to take dividend payments and for surpluses to be invested in "our community." CICs sit between limited companies that distribute their profits to shareholders or directors and charities. Their purpose is to generate a profit that is used to support the community.

In all other ways a CIC operates in the same way as any other company – it is a separate legal entity, which can hold contracts, must comply with the Companies House Act 2006 and satisfy a regulator, who will determine whether or not a reasonable person would consider the activities of the CIC are or will be carried out for the benefit of the community and ensures the CIC delivers.

Establishing a CIC has long term impacts. CICs have a compulsory asset lock. This means that the assets of the CIC (including any profits) must be used for the benefit of the community. The company cannot be sold with profits being shared between shareholders. If a company were to close, then the assets and profits need to go to a named CIC or charity, so that investment into the community continues.



COMMUNITY INTEREST COMPANY

WHY DID LLR PCL BECOME A COMMUNITY INTEREST COMPANY?

The simplest reason, the ethos of a CIC meets our core values.

- 🎯 Patients are at the centre of our service
- 🎯 Make a positive difference
- 🎯 Meet the needs of the local population
- 🎯 Respect the value of public money

All our activity is funded by either the NHS or Local Authorities and we, as taxpayers, fund the NHS and Local Authorities. So we have a vested interest in ensuring value for money and delivery of outcomes.

Where possible we provide services at less than the national tariff and keep our overheads low.

In 2024/25 PCL saved the LLR ICB £4.7 million.

Despite this, most years we have made a surplus that we have been able to reinvest in our community or support mobilisation of services.

WHAT HAS LLR PCL INVESTED IN?

EQUIPMENT FUND

We created an Equipment Fund, where shareholding practices can apply for funding, which is repaid over time to purchase equipment for their practices. One of the most innovative requests was a pharmacy dispensary unit for Long Clawson.



COMMUNITY INTEREST COMPANY

RAPID HEALTH



PCL is funding 10% of the LLR population in this proof of concept for a year. The aim is to make GP appointments more accessible ensuring patients are seen by the right clinician at the right time. Reducing DNA, giving patients a better experience and reducing A&E attendances.

You can learn more about our Rapid Health proof of concept project later in this document.

THE FUTURE OF COMMUNITY INTEREST COMPANIES

Even though the legal framework that supports CICs has been around for over a decade, public knowledge of what a CIC is and what it can do is limited.

CICs are not about using profit to benefit a few, but the many.

Of course, PCL needs to make a profit so it can invest in itself, to ensure its longevity but our shareholding practices also benefit. LLR PCL is able to invest in areas that ICB's cannot or will not. The more income we can generate the more we have to invest.

INFECTION PREVENTION & CONTROL

All of our providers have an annual IPC inspection to ensure that services are adhering to the Health and Social Care Act 2008: Code of Practice of Infection Prevention by Health Service Providers.

All our providers currently rate at above 90% in terms of compliance. By undertaking the IPC visits, we can identify where our providers may be struggling (this would be a provider that falls below 80%). To fall below 80% means that compliance is starting to decline. PCL will then offer targeted support to our providers to ensure that they are meeting all their requirements.

PCL maintains close networks with other organisation IPC departments, to ensure consistency and cross sector learnings.

Providers are supported through any investigations relating to significant events, using PSIRF principles and learnings are shared across all providers

IPC ANNUAL STATEMENT 2024/25

See appendix



PATIENT SAFETY

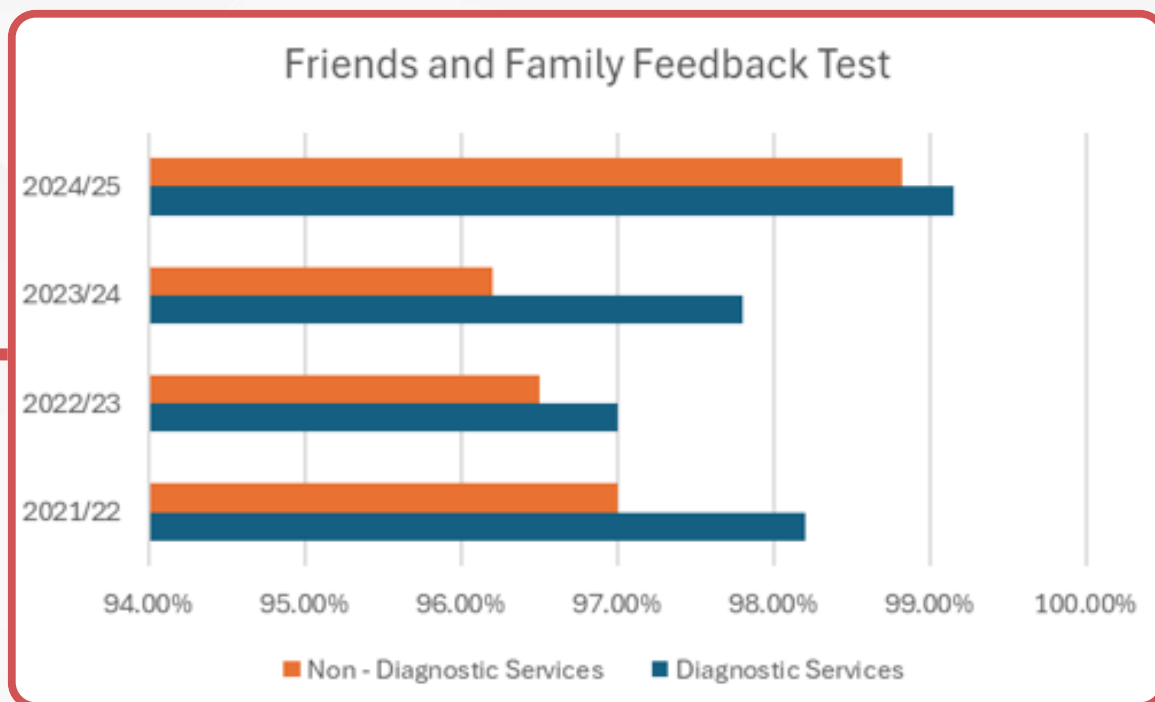


Total Incidents	Serious Incidents Patient Safety Incident Investigation	Never Events	Medication Incidents
312 (0.2%)	1 (<1%)	0	20 (<1%)
Total No Harm Incidents	Total Low Harm Incidents	Total Moderate Harm Incidents	Total Severe Harm Incidents
246 (0.15%)	62 (<1%)	18 (<1%)	62 (<1%)
Duty of Candour Breaches	Information Governance Breaches	Clinical Negligence Claims Received	Total Safeguarding Referrals/Concerns
0	17 (<1%)	0	1 (<1%)

PCL continues to see normal variation in overall incident reporting rates and the other key indicators. PCL has triaged, seen and treated 163,089 patients throughout 2024-2025.

These metrics support and evidence the high-quality care that our providers are delivering. PCL worked with our providers who experienced an event of moderate/significant harm and assisted them with their investigations and mitigating actions to ensure the risk of the event re-occurring was reduced.

PATIENT EXPERIENCE



Of the 163,089 of patients seen by PCL core services through 2024/25 our providers Friends and Family response rate was 98.82% for non-diagnostic providers and 99.15% for Diagnostic providers.

PCL work with providers and support them to ensure that the services are of a high standard and the feedback test reflects this.

Here are some of the terms which patients have used to describe our services:

- Brilliant
- Excellent
- Efficient
- Friendly
- Caring
- Welcoming
- Informative
- Great Service
- Polite
- kind
- Professional

PEOPLE & WORKFORCE

PCL completed its staff survey in 2024 with very positive results: PCL received a response rate of 30 staff (44% down from 64% last year) completing the survey. All staff were eligible to complete the survey. This compares to 50% response rate achieved by the NHS National survey in the same time period.

THEMES

YOU! CAN!

The majority of people feel very positive about their role

The majority of people feel that they are involved in decision making about their work



The majority of people are happy with the recognition and value they receive in their role

Most people feel that they have realistic time pressure and a choice in deciding how they work



The majority of people feel that their role makes a difference to patients

PEOPLE & WORKFORCE

TEAMWORK

- The majority of people feel that their team has shared objectives, often meets to discuss effectiveness and to understand each other's roles
- Most people feel respected by their team, enjoy working within their team and the team has enough freedom in how to work
- Many people feel valued in their team
- Most people feel that their teams work well together to achieve objectives, people are kind and understanding to one another, people are polite and show appreciation to one another.



PEOPLE & WORKFORCE

PCL AS A WHOLE

- Most people agree that PCL offers challenging work, with opportunities for career progression, knowledge and skills progression and support to develop potential
- The majority agree that care of the patients is PCL's top priority, that PCL acts on concerns raised by patients and we would ALL recommend PCL to a friend or relative



Whilst this was a very positive survey, there were some actions identified for improvement and these were addressed. The survey is due to go live again in June 2025. Having a dispersed workforce means it is vital that we have clear and accessible communication channels. PCL holds an all-staff Development Day twice per year, this allows all staff to get together and network. Team meetings are held face to face to ensure we manage priorities accordingly.

PEOPLE & WORKFORCE

LEARNING & DEVELOPMENT

All staff are expected to complete statutory and mandatory training.

A new tracking system for training has been implemented in April 2024, allowing staff and line managers to view training requirements more effectively. However, we are aware there is more work required to become fully compliant with training. Staff mandatory training is currently 76% completed. This is an expected low number due to the number of recent new starters. Staff also have access to an annual training budget for development outside of statutory and mandatory training.

STAFF FEEDBACK & COMMENTS

As well as feedback from patients, PCL also receives feedback from staff:

I believe PCL is a wonderful organisation to work for. We are extremely fortunate to have such a dedicated and hardworking workforce

Regular meetings to work as a team have been very beneficial and I see progress because of them.

I feel there are exciting times ahead for the company and the team and I feel well informed about current plans

Thank you to PCL management and directors for being a supportive organisation that facilitates it's staff to work in ways that put patients first

PEOPLE & WORKFORCE

EQUALITY & DIVERSITY

Under the NHS standard contract, PCL is required to adhere to the NHS Equality and Diversity Initiatives in relation to patients and workforce. These include the Equality Delivery System 2022 (EDS), the Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES).

These initiatives are designed for large NHS Trusts and do not necessarily fit well with a Small, Medium, Enterprise (SME), but PCL endeavors to adhere to the principles behind them, if not the specific requirements. (The comparative reporting for both WRES and WDES isn't suitable for a small workforce. The staff cohorts are too small to be significant, and there is a risk of individuals being personally identifiable).

The workforce Race Equality Standard and the Workforce Disability Equality Standard are monitored through the Staff survey and through the HR Dashboard. The Staff Survey allows PCL to monitor staff feelings and ensure that we are working with staff to achieve the right result for them. Similarly, the HR dashboard can be used as a thermometer for staff diversity, ensuring that we are a diverse, inclusive and equitable company.

FREEDOM TO SPEAK UP

During 2024/25 PCL received 0 Freedom to Speak Up concerns. The staff survey indicates that staff feel supported to speak up and are aware of the different routes that are available to raise a concern. PCL has one National Guardian in post and two locally trained guardians. Freedom to Speak Up is actively promoted within PCL.

PEOPLE & WORKFORCE

ABSENCE & ATTRITION

In 2024/25 PCL experienced a sickness rate of only 0.86% and lost only 126 hours to absence. PCL had an attrition rate of only 10%.

SUMMARY

PCL is extremely proud of the quality of the services they deliver and recognise and thank the hard work of providers and the support provided by our team.

PCL continues to strive for outstanding quality in all we do and ensure that we are working towards being the best we can be.



**THANK
YOU!**

DEVELOPMENTS IN THE PATIENT CONTACT HUB

The Patient Contact Hub is a constantly evolving service. The PCH team embrace change and are passionate about the service that they deliver to the patients of Leicester, Leicestershire, Rutland, Northamptonshire and Nottinghamshire. Here are the details and updates for all services which sit under the PCH umbrella.

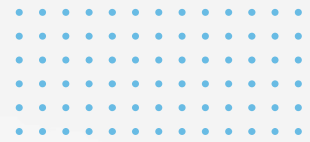


REFERRAL SUPPORT SERVICE (RSS)

GP referrals received for triage for MSK, ENT, Dermatology and General Surgery, 2 Week Wait Haematology and 2WW Brain referrals. We also process referrals for Non Triage services – Breast Pain and Vasectomies.

In September, the RSS team took on the bookings for the ECHO service, which has increased activity by 1,000 patients per month across LLR.

DEVELOPMENTS IN THE PATIENT CONTACT HUB



MSK HUB

The MSK HUB provides an invaluable service where patients can be referred to one of three GPwSI's for further investigation of their MSK issues. These clinics are increasingly popular and offer patients orthopaedic solutions without the hospital wait times. The MSK clinics have received great feedback.

ENHANCED ACCESS

This service covers the out of hours phone lines for the Melton Vale, Oakham and Uppingham GP practices. We cover this service on a Wednesday, Thursday & Friday evening and all day Saturday. The service is imperative for patients who need to cancel their appointments on the day as they have no other means of contacting their practice. We are also able to rearrange their appointments and inform the GP practice, via SystmOne, of patient cancellations on the day.

DEVELOPMENTS IN THE PATIENT CONTACT HUB



COVID MEDICINES DELIVERY UNIT (CMDU)

The CMDU service is for immunosuppressed patients who are at risk of getting seriously ill through exposure to COVID. This is a 7 days a week service that Ill, Secondary Care and GP's can access to submit referrals for triage. The triaging doctor calls the patient to review and advise the best course of treatment.

Since last year, PCL has rolled this service out to Northamptonshire, which has been a success.

VACCINATIONS

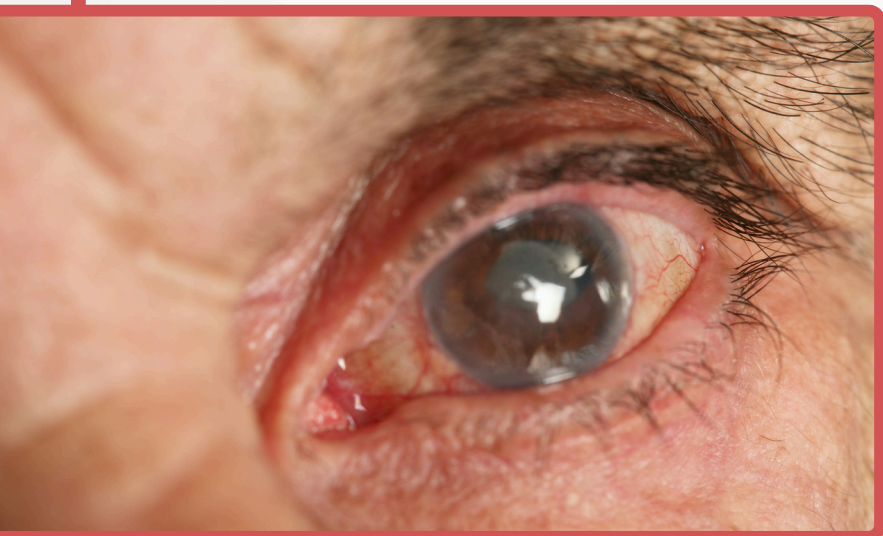
We continue to support the seasonal vaccination campaigns. We have been offering and booking patients for Flu vaccinations as well as COVID Vaccinations. For the first time we have also been covering some Nottinghamshire PCN's offering Vaccinations to housebound patients.

2 WEEK WAIT CANCER PASS THROUGHS FROM DERBYSHIRE HEALTH CARE CIC (DHU)

This is a relatively new service to PCH. When a patient is seen by DHU at an out of hours location, if the clinician identifies the need for a 2WW appointment, the referral is passed through to us where the referral is assessed by a clinician. If needed, we liaise with the GP practice if additional tests are required before we send the patient on for a 2WW appointment. The plan is to roll out this service to other non NHS providers.

DEVELOPMENTS IN THE PATIENT CONTACT HUB

CATARACTS SERVICE



The Cataract Service is constantly undergoing changes, whether it be providers, qualifying criteria or processes. As high street opticians are private providers, they do not have access to NHS systems. 24/25 saw the commissioning of a secure conduit that enables the safe transfer of patient information from non NHS providers into the NHS system. . Opticians can refer into our service and once we establish where the patient would like to go for their treatment, we can move the referral through ERS and book the patient an appointment directly with the provider. This is a service that patients appreciate.



EXPANSION OF ROVING HEALTHCARE UNITS



The Roving Healthcare Units have had a busy year in 2024. They remain an integral part of LLR's Covid vaccination programme, supporting populations to access the vaccination. This year we have also supported LLR mums-to-be with access to the new RSV vaccine along with Whooping Cough (Pertussis) – as UHL did not always have a clinic available when these ladies attended their appointment.



In 2024, the RHUs have supported people to get their vaccine across not only Leicester, Leicestershire, Rutland, but also Nottinghamshire and Northamptonshire – who required PCL help in providing vaccinations as part of the Autumn Winter campaign. This included a weekly clinic at the Kings Mill Hospital in Sutton-In-Ashfield, making the vaccination accessible for staff and outpatients visiting the site.



We also had access to a new service called Card Medic to help support patients with language barriers. This made the team feel more confident when going out into areas where English is less commonly the first language as it helped to break down barriers.

The feedback has been very encouraging with one patient in Chesterfield saying, “We are so lucky to have this service on our doorstep”

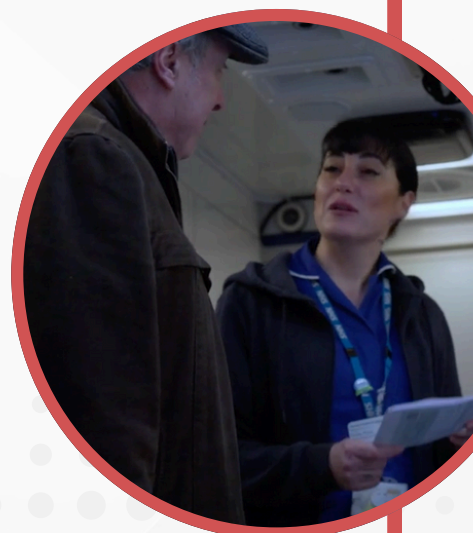
EXPANSION OF ROVING HEALTHCARE UNITS



This year has not been all about vaccinations however. The team have trained in other areas and understand the importance of MECC - Making Every Contact Count. They have supported the population with advice and signposting, if needed. Areas addressed include blood pressure checks for the eligible, reducing your risk of cancer with a simple questionnaire and raising knowledge and awareness about the importance of cancer screening (which includes cervical and bowel screening) Our team has been promoting these services and explaining to patients the importance of attending these appointments.

For the second year running, the **Aortic Aneurysm Assessment Team** from UHL has used the RHU each month to provide screening within the community.

Also for a second year, The RHU's have also been used by **Inclusion Health**, who have supported the homeless and refugee community to access healthcare in the community. The RHUs have visited the City centre and homeless shelters, offering COPD and health checks. Utilising the RHUs, Authorities, in particular the **Mental Health and Wellbeing Team**, have been able to reach out to their communities by holding drop-in sessions - supporting patients who otherwise may not have asked for help. Held at Feron Hall in Loughborough, these proved to be very successful clinics.



EXPANSION OF ROVING HEALTHCARE UNITS

Turning Point have been able to use the RHU over the summer months, going out into the community offering fibro scanning. The sites visited included the City centre, rural villages and areas of deprivation which - included the core20plus5.



GP Practices took advantage of using the RHU, in particular Spirit Group who offered their patients health checks, clocking up an impressive 89 checks in 4 hours! These covered the areas of Beaumont Leys, Rushey Mead and Welford Surgery.



Northwest Leicestershire used the RHU to offer their community a hypertension clinic which was extremely successful, raising awareness of the importance knowing and understanding your blood pressure reading.



EXPANSION OF ROVING HEALTHCARE UNITS

The RHU visited the NEC for **The Best Practice Show** in October where we were able to talk about all the great work undertaken by PCL and showcasing the RHU, explaining what a typical day on one of the units might look like.



Finally, as the service has grown, we have found ourselves advertising for a new full-time role and a fifth vehicle purchased during 2024.

COVID MEDICINES DELIVERY UNIT

The COVID-19 Medicines Delivery Unit (CMDU) is a seven-day service that supports non-hospitalised patients who are at a high risk of developing severe complications from COVID-19, despite being vaccinated. Patient Care Locally has been providing this service to patients in Leicester, Leicestershire and Rutland for over three years. In 2024/25 we were pleased to welcome the 68 GP Practices from Northamptonshire Integrated Care Board into our service. Our Primary Care led service offers commissioners better value for money when measured against a traditional secondary care led service.

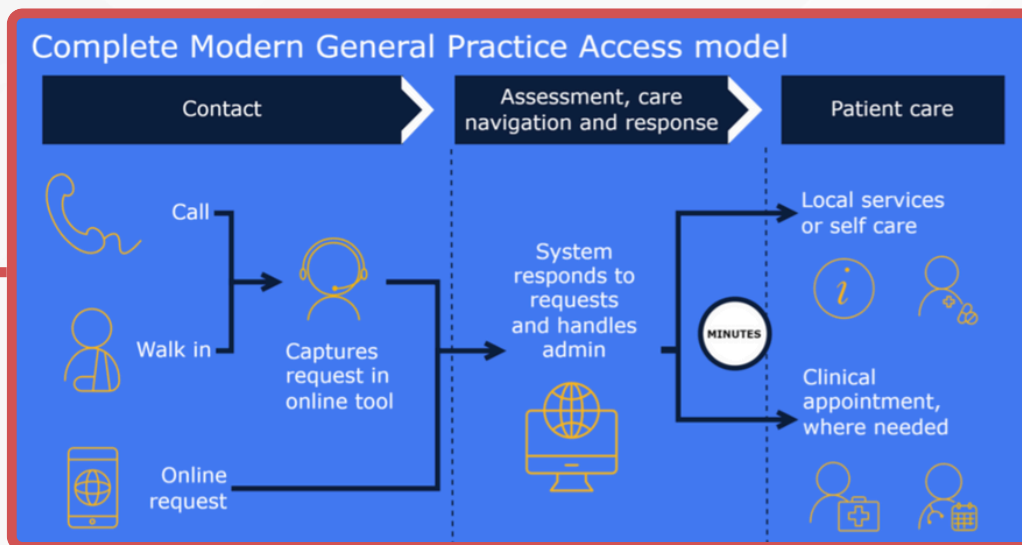
From July 2024, the number of eligible Leicester, Leicestershire and Rutland patients which have been triaged by our service is 154.

From July 2024, the number of eligible Northamptonshire patients which have been triaged by our service was 135.

PCL are already exploring how we can make the service even better for patients through a self-referral service rather than being referred via the 111 or GP Services.

RapidHealth

In the summer of 2024, PCL funded a one-year proof of concept project for the use of Rapid Health. Rapid Health is a digital triage and appointment booking system which delivers efficiencies for both patient and practice.



The project was offered to LLR shareholding practices, enabling the proof of concept to be evaluated covering more than 10% of the LLR population at 130,000+ patients. For PCL, this project is an opportunity to invest for the betterment of the local healthcare community. The aim of the project is to provide a business case for future commissioning/funding across LLR General Practices.

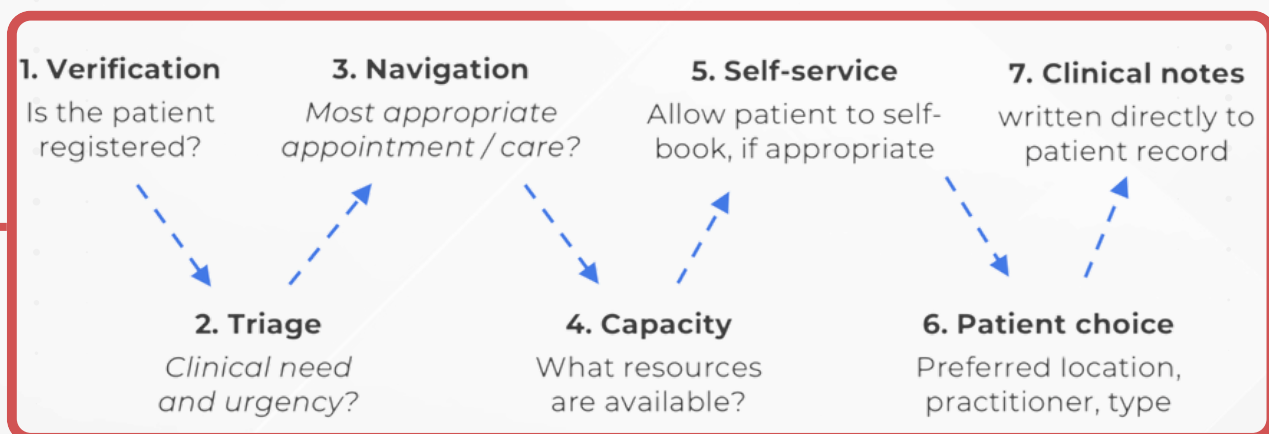
Rapid Health supports practices by getting patients to the most appropriate clinician within the right timeframe. The overarching aim is to reduce the 8.00am appointment request surge which places great pressure on telephone systems and the reception team. In addition to improving patient access, choice and experience, Rapid Health also provides efficiencies in both clinical and administrative resources, releasing staff time for patient care.

RapidHealth

There are currently 11 practices in LLR running the Rapid Health system, realising the following benefits for patients and practice:

- ✓ 29,820 Medical Requests made using the RH system
- ✓ 30% of Medical Requests made using RH booked for the same day
- ✓ 50% of Medical Requests made using RH booked within 48 hours
- ✓ 70% of Medical Requests made using RH booked within 1 week
- ✓ 6,708 Accident & Emergency attendance avoided

Above data taken from 7 reporting practices.



We are excited about the potential which a General Practice-wide rollout out of Rapid Health could realise, not only for our shareholders but LLR patients and the system.

ACQUISITION OF EAST MIDLANDS MEDICAL SERVICES



PCL acquired East Midlands Medical services (EMMS) on November 5th, 2024. EMMS provides community eyecare services for the people of Nottingham City and is the official ICB digital pathway for New and Post Operative cataract referrals within LLR. EMMS gained a reputation for innovation within its field by harnessing digital solutions to meet patient needs.

PCL's relationship with EMMS began in 2020, when both parties worked together to deliver the LLR Urgent Eyecare Service during the height of the Covid-19 pandemic. Since then, the partnership has gone from strength to strength, resulting in PCL's acquisition of the company.

Luke Craig, who was appointed Director of EMMS within PCL, commented "EMMS was the perfect addition to what was already a very strong service suite within PCL. EMMS brings new specialist clinical skills which add breadth and depth to our already outstanding portfolio."

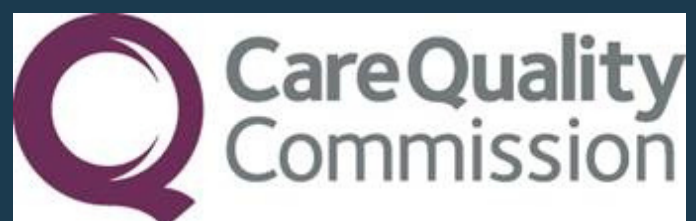
ACQUISITION OF EAST MIDLANDS MEDICAL SERVICES

The acquisition of EMMS perfectly complements PCL's Roving Healthcare Unit service which currently operates within Nottingham, supporting the Autumn/Winter vaccination campaign. However, the plan is to further strengthen EMMS' clinical service delivery with the intention of extending the service further afield.

Luke continues "PCL has a proven track record of delivering excellent patient care whilst also achieving efficiencies within service provision. I am confident that we can do the same for EMMS and look forward to extending the service outside of Nottingham, benefitting the wider population of the East Midlands."

CARE QUALITY COMMISSION REGISTRATION

LLR Patient Care Locally CIC has been awarded a CQC Registration. The time consuming and detailed process was undertaken during the Spring/Summer of 2024 and submitted to the CQC in August. Due to rapid expansion of our Roving Healthcare Units service, the CQC application was submitted to cover any regulated healthcare activities which will be undertaken from the vehicles. The Registration was awarded in November.



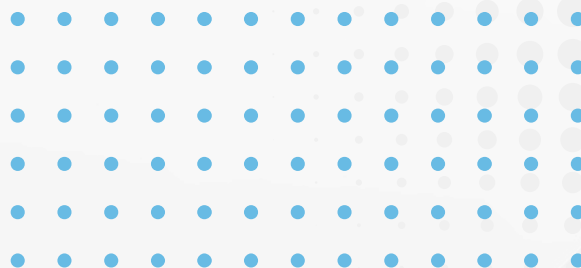
PCL FOUNDATION

PCL has been exploring how we can best access the various grants and capital funds which are available to support health inequalities and implement digital innovation programmes. We have bid to the National Lottery for grant funding on numerous occasions but have been unsuccessful due to our Community Interest Company status

Therefore, to ensure the organisation is best placed to secure future funding to support patients and reduce health inequalities, we have created the "Patient Care Locally Foundation." It is intended to host a number of fundraising activities during 2026.



PCL FOUNDATION



OUR TEAM



In 2024, members of the PCL team were shortlisted for two national awards, recognised for leadership in healthcare, have undertaken training to support colleagues' wellbeing and been accepted locally as a Core20Plus5 Ambassador.

In July, the Quality and Compliance team were shortlisted for an HSJ Patient Safety Congress 2024 award, for Developing a Positive Safety Culture. Unfortunately, the team were not successful, but we are immensely proud of the team for being shortlisted.



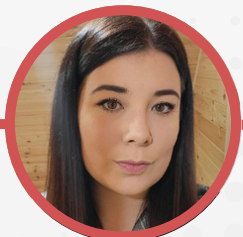
OUR TEAM

This year also saw the nomination of **Claire Edson**, Executive Assistant, as a finalist in the Strategic PA Network Awards, for Assistant of the year. Whilst not a winner on the night, we were thrilled for Claire to receive the recognition she deserves for the impact she has made on the company.

Professor Aruna Garcea, Medical Advisor, Networks and Partnerships was named in the HSJ 50 Most Influential Black, Asian and Minority Ethnic Leaders in English Healthcare. One of the founding Directors of LLR PCL, it is wonderful to see Aruna being nationally recognised.

Theresa Deevey-Ryan, Inequalities Operation Manager, has been accepted as a Core20Plus5 Ambassador. She is making a positive contribution to this vital programme.

Whilst not nationally recognised PCL would like to acknowledge **Alison Young** and **Sophie Smith**, PCL's Mental Health First Aiders and **Sarah Mabbott**, **Luke Craig** and **Jake Cooke**, our Freedom to Speak Up Guardians. All have gone above and beyond to support colleagues and give PCL a more holistic approach to our team's wellbeing.



THE KINGS FUND ANNUAL CONFERENCE

THURSDAY 12TH SEPTEMBER, 2024



The healthcare system continues to face profound and deep-seated challenges.

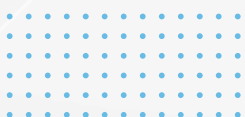
~ Prime Minister, Sir Keir Starmer
The Kings Fund, 2024



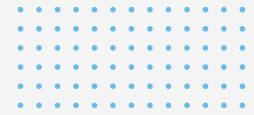
Jake Cooke, Hannah Martin and Natalie Slayman-Broom attended the Annual Kings Fund Conference held on Thursday 12th of September at the Kings Fund Headquarters in London.

The conference coincided with the release of the “Independent Investigation of the National Health Service in England of the state of NHS,” undertaken by The Rt Hon. Professor the Lord Darzi of Denham.

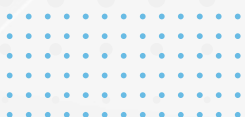
The keynote address was delivered by the Prime Minister Sir Keir Starmer outlining the findings of the Independent Investigation before jetting off to meet President Biden in Washington.



THE KINGS FUND ANNUAL CONFERENCE



The Conference also outlined the approach being taken by other countries to address gaps in health inequalities and the utilisation of Artificial Intelligence to address these challenges. The institute of Fiscal Studies gave a presentation detailing the impact of poor health inequalities and the correlation between productivity and economic growth.



EXHIBITING AT CONFERENCES

As part of our marketing and communication strategy programme we worked closely with Task Agency to explore platforms to showcase our innovations and services to thousands of key decision-makers, clinicians, commissioners, and policy influencers from across the health and care sector.

Being a member of the NHS Confederation the **NHS Expo 2024** provided an ideal platform to raise the profile of PCL, explore potential opportunities, build meaningful partnerships, and engage directly with NHS leaders who are shaping the future of healthcare. The NHS ConFed offered extensive networking opportunities to gain valuable feedback and insights, and generate new leads.

PCL works closely with GP Federations, Primary Care Networks, and GP Practices therefore the **Primary Care Best Practice Show** held in October at the National Exhibition Centre in Birmingham offered an opportunity to engage with over 4,000 healthcare professionals including GPs, practice managers, and clinical directors from across the UK. Our Roving Health Vehicle was on display to showcase the potential services that can be provided to support the Make Every Contact Count agenda



EXHIBITING AT CONFERENCES

NHS CONFEDERATION CONFERENCE : 12-13 June, 2024

The NHS Confederation Conference 2024, known as NHS ConfedExpo, took place on 12–13 June at Manchester Central. Co-hosted by the NHS Confederation and NHS England, the event attracted over 5,400 delegates from across the UK health and care sector.

The conference highlighted the transformative role of technology in healthcare. Exhibitors showcased advancements such as clinical virtual reality, surgical robotics, and smartphone-powered medical devices. These innovations aim to enhance care quality, improve coordination, and reduce costs.

A significant focus was placed on tackling health disparities. Discussions emphasized the need for Integrated Care Systems (ICSs) to leverage leadership, governance, and community partnerships to address social determinants of health. Challenges identified included financial pressures, data misinterpretation, and short-term operational goals hindering long-term efforts.



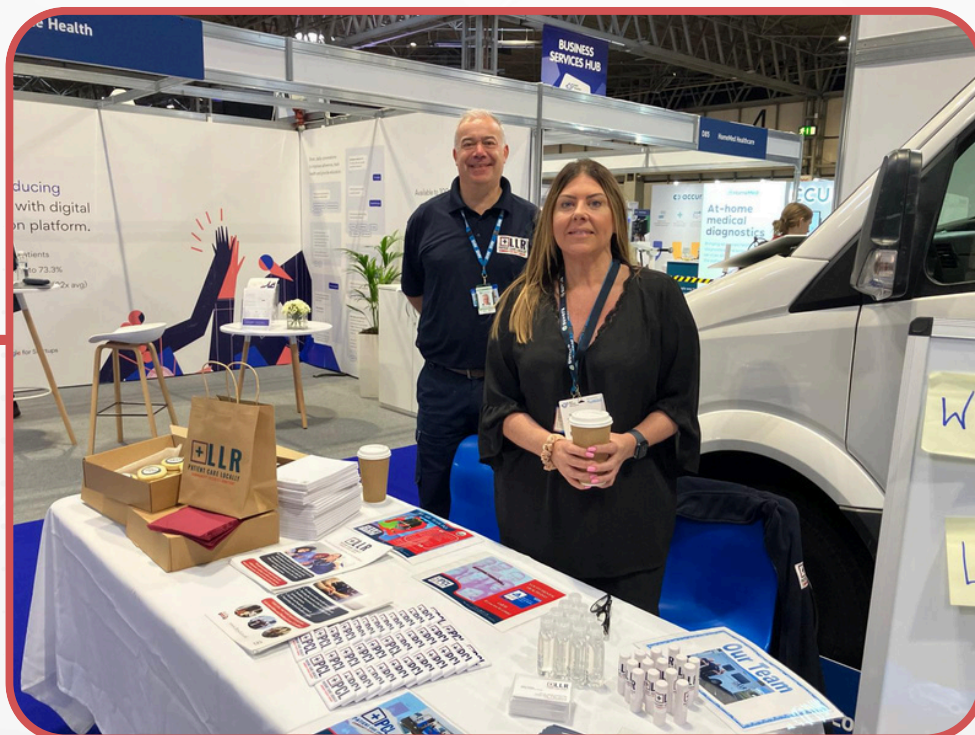
EXHIBITING AT CONFERENCES

NHS CONFEDERATION CONFERENCE : 12-13 June, 2024

The conference addressed ongoing workforce shortages and staff wellbeing. Strategies for recruitment, retention, and improving working conditions were discussed, recognizing the critical role of a supported workforce in delivering high-quality care.

Sessions explored the integration of care services and the shift towards proactive, preventative care models. Emphasis was placed on the importance of collaboration across sectors to enhance patient outcomes and system efficiency.

Amanda Pritchard, Chief Executive of NHS England, discussed the development of a new NHS Management and Leadership Framework, aiming to establish clear standards and competencies for leaders at all levels. She highlighted the necessity of equipping NHS managers with the tools and information needed for continuous improvement and acknowledged the contributions of those already driving positive change within the system.



EXHIBITING AT CONFERENCES

THE BEST PRACTICE SHOW : 9th - 10th October, 2024

The Best Practice Show 2024, held on 9–10 October at the NEC Birmingham, was the UK's premier event for the general practice and primary care community. Attracting over 4,000 healthcare professionals, the conference offered a comprehensive platform for learning, networking, and exploring innovations in patient care. Patient Care Locally CIC sent across one of our Roving Health Units which took centre stage in the exhibition hall.

The event featured over 220 exhibitors showcasing the latest medical innovations, technologies, and services designed to enhance patient care and practice efficiency.

A central focus was on improving patient access to timely and appropriate treatment. Discussions revolved around post-election decisions impacting healthcare delivery and strategies to enhance service accessibility.

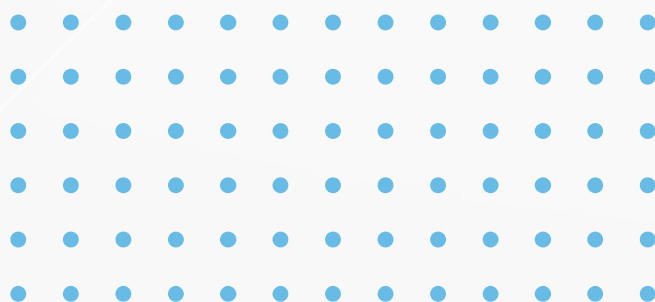


EXHIBITING AT CONFERENCES

Modernizing general practice infrastructure, both physical and digital, was discussed as a priority. Conversations included the availability of capital funding and the potential efficiencies and outcome improvements from investments in facilities and digital transformation. The conference maintained a strong focus on tackling health disparities. Innovations in data utilization and a deep understanding of local population health needs were identified as essential strategies for addressing inequalities.

Running alongside the Best Practice Show, the Respiratory Professional Care conference catered to the respiratory medicine community. It offered free accredited CPD, featuring over 100 expert speakers discussing advancements in respiratory care, including topics like COPD, severe asthma, and pulmonary rehabilitation.

Overall, the Best Practice Show 2024 served as a vital forum for primary care professionals to engage with current challenges, explore innovative solutions, and collaborate on shaping the future of general practice in the UK.



NEW PCL OFFICE IN COALVILLE



We are thrilled to announce that our brand-new office has been officially open since September and is ready to welcome everyone! This vibrant, modern space has been designed to inspire collaboration, innovation and productivity while providing all the resources and amenities the team need to thrive.

The new office is more than just a workspace - it is a hub where we can all come together, share ideas and strengthen connections. Whether people are looking to brainstorm with their team, network with colleagues or simply enjoy a change of scenery, this is the perfect place to make it happen.

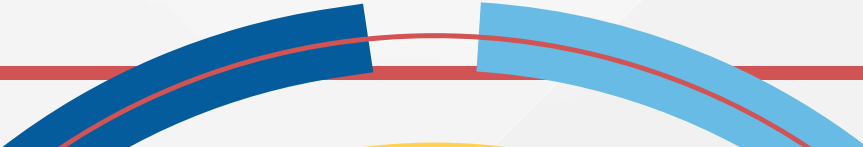
We hope all staff can experience the energy of our new office and make it their own.

NEW PCL OFFICE IN COALVILLE

BENEFITS OF GOING INTO THE OFFICE

- **Collaboration and Innovation:** In-person interactions foster brainstorming, spontaneous discussions and team bonding.
- **Access to Resources:** Employees can use specialised tools, technologies or workspaces not available at home.
- **Networking Opportunities:** Face-to-face interactions help build relationships with colleagues, stakeholders and other organisations.
- **Company Culture:** Being present helps employees stay aligned with organisational values.
- **Training and Mentorship:** Easier access to real-time guidance and professional development opportunities.
- **Structure and Routine:** For some, working on-site improves focus and provides a clear boundary between work and home life.

BENEFITS OF HYBRID WORKING

- **Flexibility:** Employees can balance personal and professional responsibilities, boosting overall satisfaction.
 - **Increased Productivity:** Workers can focus on 'deep work' at home while using office days for collaboration and team building.
 - **Reduced Commute Stress:** Less time and energy spent commuting can improve well-being and work-life balance.
 - **Cost Savings:** Employees save on commuting expenses.
- 

NEW PCL OFFICE IN COALVILLE

BENEFITS OF HYBRID WORKING

- **Attracting Talent:** Hybrid models appeal to diverse candidates who value flexibility.
- **Improved Work-Life Balance:** Enables employees to manage family, health or hobbies alongside work commitments.
- **Combining these benefits** has enabled PCL to meet diverse employee needs while maintaining productivity, collaboration and culture.

“

Hybrid working combines the flexibility of remote work with the collaborative benefits of office presence. It allows me to balance personal and professional commitments. I have the time to focus on complex work at home, while being able to use the office for team meetings and have those ‘corridor conversations’ you miss when at home. We have the best of both worlds.

”

~ Aaron Showler, Business Development - Operations Manager

“

Opening the new office has brought our team closer, providing a space to connect, share ideas and work together more effectively, all while maintaining the flexibility to work from home. It's also proven to be a great space for business meetings and valuable networking opportunities.

”

~ Hannah Martin, Chief Financial Officer

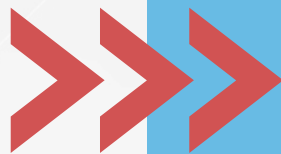
IN 2024/25 WE SAID WE WOULD

- Develop closer relationships with secondary care
- Work to enhance and expand RSS
- Invest in digital innovation to drive efficiencies and improve the patient experience
- Look for opportunities for service development outside of LLR

IN 2024/25 WE DID

- UHL continue to transfer a number of patients each month, particularly those waiting for minor surgical procedures. PCL has made it clear that we are happy to support UHL's recovery.
- This year we have introduced 2 additional pathways : 2ww brain and suspected 2ww referrals from non-NHS providers. In addition we have been working to automate the registration of referrals into SystemOne
- PCL is funding a 1 year Proof of Concept programme using a digital platform called Rapid Health.
- During this year, PCL has supported both Northamptonshire and Nottinghamshire ICB's with their vaccination programmes and has been awarded a contract for Health Checks in Northamptonshire.

IN 2024/25 WE SAID WE WOULD



IN 2024/25 WE DID

- Further opportunities for the RHU
 - Look for opportunities to develop a virtual primary care and monitoring service
 - Continue to work with General Practice to find ways of improving efficiencies
- While the RHUs are predominantly used to support the vaccination programme across LLR, Northamptonshire and Nottinghamshire, they were in great demand over the summer months by practices, PCNs and Federations, supporting specific campaigns such as cervical cancer and bowel cancer screening and Health Checks.
 - We have been working with National Health Tec to deliver a remote service for 24hr ECG – testing and reporting. We expect to be able to roll this out in 2025/26
 - Practices who are using Rapid Health are seeing a substantial reduction in DNA, which has been maintained over several months. We have also been meeting with practice and PCN managers to understand how PCL is able to support a number of back office functions.

PLANS FOR 2025/26

2025/26 is going to be an interesting and challenging year for PCL CIC and the wider healthcare community, as the system reacts to recent announcements which will impact our colleagues at NHS England and Integrated Care Boards across the nation.

We anticipate the impending release of the NHS 10 Year Plan which will further consolidate the recommendations laid out in the Darzi Report : a concerted drive for more care (where appropriate) to be delivered in a closer-to-home, community setting, a greater emphasis on a preventative approach to healthcare and the adoption and integration of technological innovation in order to create efficiencies and release resources.

PCL is perfectly placed to step up to the challenge of supporting a re-balancing of the NHS. The cornerstones of the new governments healthcare mandate lay at the very heart of our company's mission and vision.

In 2025/26, it is our aim to:

- Launch the PCL Foundation charity
- Continue to explore opportunities to bring care closer to home for the patients of Leicester, Leicestershire and Rutland
- Source additional funding to expand the Rapid Health proof-of-concept programme
- Work closely with our shareholding practices to identify and deliver solutions to create greater efficiencies for general practice
- Continue to support Leicester, Leicestershire and Rutland, Northampton and Nottinghamshire Integrated Care Boards with the Covid Vaccination Programmes and delivering quality healthcare to under-served communities

APPENDIX

- Page 18 : **INFECTION PREVENTION & CONTROL**

IPC Annual Statement 2024/25

This annual statement will be generated each year, in April, in accordance with the requirements of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. This is relevant to all employees, visitors, contractors and anyone on training placements. The Infection Prevention and Control policy must be adhered to.

COMMITMENT OF PCL

All staff at PCL are committed to minimising the risk of infection and ensuring patient safety.

PCL has one Infection Control Lead, Sarah Mabbott – Head of Nursing, Quality and Patient Safety. The IPC lead is supported by Joshua Burnage – Quality and Compliance Manager. Both are supported by Dr Fahree Dhanji – Medical Director for PCL.

Sarah and Josh both attended the 2-day IPC course and attend forums and training courses to keep up to date. The IPC lead has regular contact with the ICB IPC Lead Nurse and attends fortnightly meeting to ensure that PCL is linked in with the systems approach to IPC.

Staff are reminded to wear masks as required in times of high respiratory and norovirus seasons, particularly when engaging in patient care. They also adopt good hand hygiene and perform IPC in line with national guidance and the local system response.

The IPC Lead ensures that PCL is up to date with any changes to IPC requirements and ensures that this is cascaded to our company and our providers.

APPENDIX

SIGNIFICANT EVENTS

Significant events are investigated using PSIRF principles to see what can be learnt and to identify changes which will lead to future improvements. All significant events are examined on a monthly basis. There has been one event this year, involving a sharps injury. All policies and procedures were followed and no further action was taken.

INFECTION CONTROL AUDITS

These are completed by the Quality and Compliance manager who visits our providers annually to ensure compliance. This is done on a rolling rota. The Quality and Compliance Manager reviews PCLs direct services and properties on a quarterly basis to ensure we are meeting all the requirements. All staff completes IP and C training as part of their induction and on E-Learning for Health. This is done annually and at meetings if there are updates to discuss. All policies have been updated and will be reviewed in 2027, unless there are any significant changes. All policies are available to for staff to view on the Breathe.

RISK ASSESSMENTS

Risk assessments are carried out so that best practice can be established and followed.

Legionella risk assessment: PCL has reviewed its water safety risk assessment to ensure that checks are carried out and the water supply does not pose a risk to staff, patients or visitors. This will be done on an annual basis. Providers are also required to submit their Legionella risk assessments as part of their IPC audit performed by PCL.

IMMUNISATION

All staff are offered Hep B immunisation along with other occupational health vaccines that are relevant to their role i.e. MMR and Flu vaccine. We participate in the National Immunisations Programmes/campaigns for patients and offer vaccines within PCL.

APPENDIX

OTHER EXAMPLES

Curtains: The NHS cleaning specifications state that the curtains should be cleaned or, if using disposable curtains, replaced every 12 months. PCL uses disposable curtains which are changed on an annual basis unless visibly dirty in which case they will be changed immediately. Each curtain has the date of the change written on it.

Cleaning specifications: Cleaning is performed by the site managers, who follow the NHS cleaning specifications with regards to infection control and good cleaning standards. The site manager and IPC lead or Quality and Compliance Manager will carry out cleaning audits on a quarterly basis to ensure a good standard is maintained.

Hand Washing Sinks: Each of our Roving Healthcare Units (RHU's) have portable hand wash units available for staff to use. They have a specific cleaning criteria that must be met before and after each clinic.

PCL uses evidence based practice and meets the CQC 10 compliance criteria.

RESPONSIBILITY

It is the responsibility of each individual to be familiar with this statement and their roles and responsibilities under this.

Review Date : - 15/04/2025

Responsibility for review :

The Infection Prevention and Control Lead Nurse and Infection Control Lead GP are responsible reviewing the annual statement.

Sarah Mabbott (Head of Nursing, Quality and Patient Safety).

Dr Fahreen Dhanji (Medical Director).



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